

CLAIMS ONLY

Application Number
16 705554 -

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51						
2							52						
3							53						
4							64						
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42							92						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep.	<u>18</u>						Total Indep.						
Total Depend	<u>18</u>						Total Depend						
Total Claims	<u>26</u>						Total Claims						